

N.M.O.C.D. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRI  
(Other instruction  
reverse side)ATE\*  
on re-Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM 01747

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Lea Bone Springs

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

Sec. 12, T-20S, R-34E

12. COUNTY OR PARISH 13. STATE

Lea

NM

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Marathon Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 2409 Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface1980' ~~ENT~~ & 1980' FEL

Sec. 12, T-20S, R-34E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR 3665', KB 3683'

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Test

☒

## SUBSEQUENT REPORT OF

WATER SHUT-OFF

☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

☐  
☐  
☐  
☐(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Marathon proposes to test the Bone Springs completion in Lea Unit No. 5 and commingle the production with other wells in the Lea Unit that are producing from the Devonian reservoir. This test will be a temporary operation for approximately thirty days. The Bone Spring (Lea Unit No. 5) will be produced through the test separator facilities at the Devonian battery for the duration of the test period. Royalty Interest are the same. Ms. Karen Sayels was notified in regard to these operations by Marathon on October 8, 1980.

APPROVED

OCT 15 1980

DISTRICT SUPERVISOR

NOV 15 1980

18. I hereby certify that the foregoing is true and correct

SIGNED

*H. B. Sautter*

TITLE Operations Superintendent

DATE 10-8-80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE